NOTICE OF APPEAL & PETITION

PROPERTY ASSESSMENT APPEAL BOARD 401 S.W. 7th Street, Suite D Des Moines, IA 50309-4634

IN THE MA	ATTER OF:						
	Appellant(s) Name (Please print)		NOTICE OF APPEAL & PETITION Docket No.				
	Mailing Address						
Maning Address			Docket No(To be assigned)				
Cit	y State	Zip					
	Daytime Telephone Number (Include Area C	ode)					
Parcel Identification #:			County				
Property Add	lress:Street Addre						
			City State Zip			Zip	
Please enter	a short and plain statement of the cla	im for this appeal.					
Dlagge enter	a brief statement of the relief sought	for this anneal					
r icase circo	d offer statement of the rener sought	ioi uns appear.					
Cumant agg	essed value: (from local board of revie	1-44					
	· ·						
Total \$	Land \$	Buildings \$		Ag Buildings \$	(if applicable)		
The value y	<u>ou</u> contend is the correct assessed val	ue (if applicable):					
Total \$	Land \$	Buildings \$		Ag Buildings \$	70 F 11)		
					(if applicable)		
Grounds on These ground	appeal. ds must be the same grounds that were	e protested to the local b	ooard of review. <u>Ch</u>	eck all grounds tha	at apply:		
	The assessment is not equitable as of	compared with assessme	ents of other like pr	operty in the taxin	g district.		
	The property is assessed for more than the value authorized by law.						
	The property is not assessable, is exempt from taxes, or is misclassified.						
	There is an error in the assessment.						
	There is fraud in the assessment.						
	☐ That there has been a change downward in the value since the last assessment.						
Please chec	k the appropriate box:						
	☐ I want a hearing	□ Ido	not want a hearing	r			

If you would like to request to participate in your hearing by telephone, please fill out the REQUEST FOR TELEPHONE HEARING form. The form is available at http://www.paab.iowa.gov or may be requested from the Secretary of the Property Assessment Appeal Board.

	arties are represented.				
☐ Legal Representative – other than an attorney (may include tax rep.; family member; or other person					
I	☐ Attorney				
Name		Firm (if applicable)			
Mailing Address		Phone			
available		ear for you at the hearing, please fill out a POWER OF ATTORNEY form. The form is httml or may be requested from the Secretary of the Property Assessment Appeal			
	 The letter of disposition by the local B The Petition to local Board of Reviews All records, reports, and documents pr Review; and Optional Attachment: Three (3) Copies: 	of disposition by the local Board of Review; Goard of Review; covided to the local Board of Review in support of the Petition to the local Board of dis, reports, appraisals, and documents that you want to submit to support your			
parties. It	t is your responsibility to send the copies	copy of this NOTICE OF APPEAL & PETITION form to the local board and other s of documents listed in items 1-5 above to the local board of review and any u with copies of any information it submits to the Property Assessment Appeal			
All of the	e above information is correct and true to the	ne best of my belief and knowledge.			
		Signature:			
Name: _	(Please print)				
	(Please print) (Please print)	Signature:			

The Property Assessment Appeal Board is an independent State Agency and hears appeals from all 99 counties and 8 cities across the State of Iowa. The Appeal Board has no affiliation with your local Board of Review, assessor's office or county attorney's office.

This form must mailed in or delivered in-person to the Secretary of the Property Assessment Appeal Board within twenty (20) days of the postmarked date of the local board of review decision.